# IDAHO STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

#### NOTIFICATION OF INTENT TO SIT FOR EXAMINATION

#### **Instructions**

The Idaho State Licensing Board of Professional Counselors and Marriage & Family Therapists has adopted the National Board for Certified Counselors (NBCC) examination as the approved examination for Idaho Licensed Counselors, and the National Marital and Family Therapy (NMFT) examination for Idaho Marriage and Family Therapists. If you have completed one of these examinations, you should contact NBCC or AMFTRB to have them send an official score report to the Bureau of Occupational Licenses.

If you are seeking licensure as a counselor and have not taken the NBCC examination, it will be offered in Idaho. If you wish to sit for this examination, you must complete the Intent to Sit for Examination notification. The completed notification form, together with the required examination fee, must be received at the Bureau of Occupational Licenses thirty (30) days prior to the examination date. The August administration of the examination is held in Moscow, Pocatello and Boise. All other administrations are offered in Boise only. On the Intent to Sit for Examination form, please indicate which location you will be attending.

If you are seeking licensure as a Marriage and Family Therapist and have not taken the NMFT examination, it is offered via computer at various locations around the country at Prometric-Thomson Learning Centers. If you wish to sit for this examination, you must complete the Intent to Sit for Examination notification. The completed notification form must be received at the Bureau of Occupational Licenses thirty (30) days prior to the examination date. Candidates will also be asked to fill out an additional application for Professional Examination Service. Once the PES application is completed and the examination fee of two hundred and twenty dollars (\$220.00) has been received by PES, candidates will receive an identification number and additional information concerning the examination. Candidates will be instructed to contact Prometric-Thomson Learning Centers directly to schedule their examination date and time. Please note that there is an additional seventy-five dollars (\$75.00) site fee. Examination fees for the NMFT examination SHOULD NOT be sent to the Idaho Board.

\*\*NOTE: You will be required to record your social security number on your examination answer sheet.

If you are unable to attend your scheduled NBCC examination, the Board has adopted a policy allowing the examination fee to be carried forward one time only. The Board office must receive a written explanation of your failure to appear and a request to be rescheduled. If you do not appear for a scheduled examination, and a written explanation and request is not received, you will be required to submit a new Intent to Sit form and the required fee before being re-scheduled for another examination.

IN COMPLIANCE WITH THE AMERICANS WITH DISABLILITIES ACT, PLEASE ATTACH DOCUMENTATION OF ANY DISABILITY AND A WRITTEN REQUEST IDENTIFYING ANY SPECIAL ACCOMODATIONS THAT MAY BE NECESSARY.

Examination fees are not refundable. Make money orders and checks payable to the Bureau of Occupational Licenses, and send your completed Intent to Sit form to:

BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

If you have any questions please e-mail cou@ibol.state.id.us.

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## PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

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Clearly mark either the Counselor OR Marriage & Family Therapy examination & ONE date. This form must be received at least thirty (30) days prior to the examination date you choose.

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	[] Boise	- W - W - W - W - W - W - W - W - W - W			
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		December (Boise only)*			
* Enclose the \$80.00 NBCC exam		` · · · · · · · · · · · · · · · · · · ·	cupation	al Licer	ises.
[ ] I wish to register for the Marriage	& Family Therap	y NMFT Examination, to b	e held a	t a Pron	netric-
Thomson Learning Center, between (	check one)				
	[ ] January 19, 20	004 – February 14, 2004			
	[ ] May 17, 2004	– June 15, 2004			
	[ ] September 13	, 2004 – October 9, 2004			
Examination Service and Prometric-T Full Name					_
Mailing addressStree	et/PO Box	City	State	Zip	-
Date of Birth/Place of Birt	th	Social Security No	/	/	**
Daytime phone ()Fa	ax()	E-mail			
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Subscribed and sworn before me this	day of	, 20	·		
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